

RECEIVED  
CENTRAL FAX CENTER

DEC 03 2004



1100 East Hector Street, Suite 245  
Conshohocken, PA 19428  
Phone: 610-293-0525  
Fax: 610-293-0128  
E-mail: [email@rexmedical.com](mailto:email@rexmedical.com)

Legal Office  
1011 High Ridge Road  
Stamford, CT. 06905  
Phone 203-329-8750  
Fax 203-329-8187  
E-mail: [ngershon@rexmedical.com](mailto:ngershon@rexmedical.com)

## FAX

<b>To:</b>	Patent and Trademark Office	<b>From:</b>	Neil D. Gershon
<b>Fax:</b>	(703) 872-9306	<b>Pages:</b>	8 with Fax Cover
<b>Phone:</b>		<b>Date:</b>	December 3, 2004
<b>Re:</b>	Change of Correspondence Address	<b>CC:</b>	

**RECEIVED  
CENTRAL FAX CENTER**

Dec 03 04 01:38p

Neil Gershon

DEC 03 2004

203 348 0395

p.7

PTO/SB/122 (09-04)

Approved for use through 07/31/2008. OMB 0651-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF  
CORRESPONDENCE ADDRESS  
Application**

Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Application Number	10/706,685
Filing Date	11/12/2003
First Named Inventor	Janus F. McGuckin Jr et al
Art Unit	3764
Examiner Name	Unknown
Attorney Docket Number	1238 DIV

Please change the Correspondence Address for the above-identified patent application to:

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Neil D. Gershon

Address Rex Medical  
1011 High Ridge Rd.

City Stamford

State CT

Zip 06905

Country USA

Telephone (203) 329-8750

Fax (203) 329-8187

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number 32,225

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature Neil D. Gershon

Typed or Printed Name Neil D. Gershon

Date 12/3/2004

Telephone (203) 329-8750

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.